PTO/SB/06 (07-06)

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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | Application or Docket Number 10/785,653 | | | ing Date 23/2004 | To be Mailed | |
|---|---|---|--------------------------------------|---|------------------|---|--|------------------------|----------------------------|-------------------------------|------------------------|--|
| APPLICATION AS FILED – PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY 🛛 | | | OTHER THAN OR SMALL ENTITY | | |
| \vdash | FOR | | (Column 1) NUMBER FILED | | | | | | OK | _ | | |
| ┝ | | N N | | .ED NU | NUMBER EXTRA | | RATE (\$) | FEE (\$) | | RATE (\$) | FEE (\$) | |
| Ľ | BASIC FEE (37 CFR 1.16(a), (b), | or (c)) | N/A | | N/A | | N/A | | ı | N/A | | |
| ш | SEARCH FEE (37 CFR 1.16(k), (i), | or (m)) | N/A | | N/A | | N/A | | ı | N/A | | |
| | (37 CFR 1.16(a), (p), | | N/A | | N/A | | N/A | | ı | N/A | | |
| (37 | FAL CLAIMS CFR 1.16(i)) | | minus 20 = | | | | x \$ = | | OR | x s = | | |
| | EPENDENT CLAIM CFR 1.16(h)) | S | minus 3 = * | | | | x \$ = | | | x \$ = | | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | FEE shee is \$2 addit | ts of pap 50 (\$125 ional 50 : | gs exceed 100 n size fee due for each n thereof. See CFR 1.16(s). | | | | | | | | |
| | MULTIPLE DEPEN | 7 CFR 1.16(j)) | | | | ı | | | | | | |
| * If the difference in column 1 is less than zero, enter *0" in column 2. | | | | | | | TOTAL | | | TOTAL | L | |
| APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3) SMALL ENTITY OR | | | | | | | | | OTHER THAN SMALL ENTITY | | | |
| AMENDMENT | 10/31/2008 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1.16(i)) | · 3 | Minus | 20 | = 0 | | X \$26 = | 0 | OR | x s = | | |
| | Independent (37 CFR 1.16(h)) | • 2 | Minus | *** 3 | = 0 | 1 | X \$110 = | 0 | OR | x s = | | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | OR | | | |
| | | | | | | | TOTAL ADD'L FEE | 0 | OR | TOTAL ADD'L FEE | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | |
| ENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1,16(1)) | | Minus | | - | l | x \$ = | | OR | x s = | | |
| AMENDMENT | Independent (37 CFR 1.16(h)) | | Minus | *** | = |] | x \$ = | | OR | x s = | | |
| 딦 | Application Size Fee (37 CFR 1.16(s)) | | | | | ı | | | l | | | |
| ΑM | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | l | | | OR | | | |
| | | | | | | • | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | | |
| " if the entry in column 1 is less than the entry in column 2, write "0" in column 3. " if the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Hichest Number Previously Paid For" [Cotal or independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost line face by the USFTO to monoceal an implication. Confidentially is governed by 80 Sec. 22 and 37 CER 1.16. This collection is extensive the size of a window properties, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CERT information Cificar. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450.